



2017- *SPRING* SEMINOLE NATION OF OKLAHOMA HIGHER
EDUCATION

BIA SCHOLARSHIP GRANT

___ New Application ___ Renewal Application ___ FALL ___ SPRING ___ YEAR
LAST NAME _____ FIRST NAME _____ MI _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ E-MAIL: _____
SSN: _____ DOB: _____ BAND: _____ GENDER: _____

NAME OF COLLEGE: _____ STUDENT ID: _____

BURSAR CONTACT PERSON _____ Phone# _____

COLLEGE ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

Hours enrolled in for this semester _____

CLASSIFICATION: ___ FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR ___ MASTERS ___ DOCTORAL

MAJOR: _____ MIINOR: _____

Type of degree you expect to receive (circle) AA AS BA BS MA MS MBA JD Other : _____

Indicate credit hours earned to date: _____

Year and Month you expect to graduate: 20___ Month: _____

.....
STUDENT CONTRACT: I hereby certify that the above information is true to the best of my knowledge and I declare that I will use any funds I receive under the Seminole Nation BIA Grant for expenses connected with attendance at the school listed above.

I also agree to furnish an **official transcript** for the previously funded term for program compliance.

SIGNATURE _____ DATE: _____

****MAXIMUM FUNDING FOR STUDENTS WILL BE 150 HOURS CREDIT HOURS TAKEN ****

****SCHOLARSHIPS ARE BASED ON AVAILABLE FUNDS****

****Scholarship monies will be mailed to the student's college/university business /bursar office. ****

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

AUTHORIZATION TO RELEASE INFORMATION AND PRIVACY STATEMENT

STUDENT: LAST NAME: _____ FIRST NAME: _____ MI: _____

SSN: _____ E-MAIL: _____

I hereby authorize the Seminole Nation Education Department to release my information to the following individual(s):

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

STATEMENT ON PRIVACY (Allows Higher Education to send records and forms to colleges)

The Seminole Nation of Oklahoma Higher Education program operates the general authority of 25 USC 1:41 Stat. 208 P.L. 67-85, with specific regulations contained in 25 CFR, Subchapter E, Part 40, Administration on Education Loan, Grants and other assistance for Higher Education. In accordance with accountability require for the administration of the funds appropriated for the program an in order to provide services to recipients, and to declare eligibility certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of the collecting and maintain this data on individual is for determining eligibility for the applicant and to provide the means for producing certain statistical records required by this office, specifically, the release of term grades and transcripts to The Seminole Nation Higher Education Department. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education assistance under this program.

I have read the statement of privacy with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement. I understand that I must furnish the grades for the previous funded term for compliance before the next term award is process.

STUDENT SIGNATURE: _____ DATE: _____

SEMINOLE NATION OF OKLAHOMA
HIGHER EDUCATION STUDENT AGREEMENT

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1. All students are required to submit an **new application** every semester with the required documents that is stated on the checklist on page 5.
2. All students are required to submit **official transcripts**, as issue by the College or university, for each term funded to the Seminole Nation of Oklahoma Higher Education department by the deadline: **Spring Semester; (February 14) and Fall Semester: (September 14).**
3. All students are **required to carry cumulative GPA of 2.50 every semester and and be enrolled in at least six credit hours.**
4. After notifying a student for not meeting academic requirements, they are placed on academic probation for the following term.
5. Student's failure to meet academic requirements shall result in suspension from the scholarship program.
6. Student's suspended from the scholarship program shall not be considered for future funding until they have a cumulative GPA of 2.50
7. Student will submit an **enrollment schedule for each term.**
8. Student will submit a **signed verification of enrollment from the school.**

When a student, pursuing a first time degree, cannot complete either a four or five year baccalaureate degree program, or students who cannot complete the associates degree requirements within two academic years, must submit transcript of grades and programs to this office (Seminole Nation Higher Education Department) for review. A determination about the student's eligibility for an extension to complete a degree will be made and notification sent. In no case shall the extension exceed one academic year beyond the program plan.

STUDENT SIGNATURE: _____ DATE: _____

SEMINOLE NATION BIA EDUCATION SCHOLARSHIP AWARD

SEMINOLE NATION HIGHER EDUCATION OFFICE

P.O. BOX 464

Seminole, OK 74868

(405) 257-7263

VERIFICATION OF ENROLLMENT

A VERIFICATION OF ENROLLMENT signed by the registrar and stamped with the school seal and a OFFICIAL TRANSCRIPT with grades from the last semester funded by the Seminole Nation Higher Education Office must be received in this office on or before (FALL) SEPTEMBER 14; (SPRING) FEBRUARY 14 before the Seminole Nation BIA Education Scholarship award will be processed. **Faxes, copies or e-mails of these documents are not accepted.**

STUDENT NAME: _____ STUDENT ID/SSN: _____

Is currently enrolled for ____ FALL SEMESTER YEAR ____ SPRING SEMESTER YEAR ____

NAME AND ADDRESS OF COLLEGE or UNIVERSITY: _____

Student is:

(A) ____ **HALF-TIME STUDENT**- enrolled in ____ hours

(B) ____ **FULL-TIME STUDENT** – enrolled in ____ hours

I certify that the information provided above is accurate according to our admission records.

(Signature of Registrar/Admission)

(Date signed)

THIS FORM MUST BE STAMPED WITH THE SCHOOL SEAL.

Seminole Nation of Oklahoma

ATT: HIGHER EDUCATION

P.O. BOX 464 Seminole, OK 74868

FAX #: 405-303-2445

CHECKLIST OF DOCUMENTS

****INITIAL**** each line for each document that you are submitting

_____	NEW APPLICATION/RENEWAL APPLICATION
_____	COPY OF SEMINOLE NATION MEMBERSHIP CARD (UPDATED)
_____	COPY OF CDIB
_____	OFFICIAL HIGH SCHOOL TRANSCRIPT
_____	GED CERTIFICATE
_____	OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT
_____	HIGHER EDUCATION STUDENT AGREEMENT
_____	AUTHORIZATION TO RELEASE INFORMATION & PRIVACY
_____	STATEMENT
_____	ENROLLMENT SCHEDULE
_____	VERTIFICATION OF ENROLLMENT

****DEADLINE FOR SPRING semester (February 14) DEADLINE FOR FALL semester (SEPTEMBER 14). *****

****NO MONIES WILL BE RELEASED UNTIL ALL REQUIRED DOCUMENTS IS ON FILE WITH THE SEMINOLE NATION HIGHER EDUCATION DEPARTMENT, AND IF FUNDS ARE AVAILABLE****

STUDENT SIGNATURE: _____ DATE: _____